



*“Serving Arizona’s Foster Care Children”*

# MEMBER HANDBOOK

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Arizona Department of Economic Security  
Quality Service, Organizational Pride,  
Client Self-Sufficiency

# CMDP DIRECTORY

HPM-394 (3-06)

**602-351-2245 • Toll Free 1-800-201-1795**

## Extension Numbers:

Member Services .....	7076
	7078
	7080
	7083
Medical and Dental Services .....	7065
Behavioral Health .....	7009
	7060
Care Coordination .....	7073
Provider Services .....	7042
	7110
	7112
Training, Community Relations .....	7005
Grievances, Appeals, Fair Hearings .....	7010
Administration .....	7002

## FAX NUMBERS

Member Services Fax .....	602-264-3801
Medical Services, Dental, Behavioral Health Fax .....	602-351-8529
Provider Services Fax .....	602-264-3801
Claims Fax .....	602-265-2297
Administration Fax .....	602-235-9146

## ADDRESS

### DES/CMDP

Site Code 942C

P.O. Box 29202

Phoenix, Arizona 85038-9202

## WEBSITE ADDRESS

<http://www.azdes.gov/dcyf/cmdpe/>

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## **INTRODUCTION**

### **WHAT IS CMDP?**

The Comprehensive Medical and Dental Program (CMDP) is the health plan for Arizona's children in foster care. It was formed in 1970 by state law. Membership is based on state rule and law. CMDP pays for health care services for children placed in and outside of Arizona.

Most CMDP members are eligible for health services covered by the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS is Arizona's Medicaid and KidsCare programs. CMDP becomes the AHCCCS and KidsCare health plan for its members. CMDP provides the same services for all members.

CMDP phone numbers are listed at the top of each page of the handbook: the local phone number is **(602) 351-2245**. For calls from outside of Maricopa County, use the toll free phone number **1-800-201-1795**. The hours of business are 8:00 am to 5:00 pm, Monday through Friday. CMDP is closed Saturday, Sunday and all state holidays.

The CMDP Member Handbook tells how to get health services. The handbook is directed toward foster caregivers and members that are 18 to 20 years old. It is printed in English and in Spanish. If you need it in another language or in another format please call us.

### **CULTURAL COMPETENCY**

**A definition of culture:** the thoughts, actions, customs, beliefs and values of racial, ethnic, religious or social groups.

#### **Culture also defines:**

- How health care information is received
- How rights and protections are exercised
- What you think is a problem and how symptoms and concerns about the problem are expressed
- Who should provide treatment and the type of treatment

**Culturally Competent Health Care:** Health care services should respect the culture of members. Services are culturally competent when they fit the member. They should be based on the member's needs.

**Benefits of Cultural Competency:** Most people think their own values and customs are best. They may expect other cultures to share those views. Some benefits of having culturally-competent health care services are listed below.

For members/foster caregivers:

- Gain sensitivity to member's needs; reduce prejudice and bias
- Improve the quality of member care and outcomes
- Improve member (and foster caregivers) satisfaction
- Develop more appropriate plans of care

CMDP staff and health care providers:

- Work better with diverse patient populations
- Have a better understanding of other cultures in their approach to health care for children
- Comply with federal and state requirements
- Reduce non-compliance of member (and foster caregivers) towards services

**We want members to get health care services that are best for them. Please contact Member Services and tell us if any cultural needs are not addressed.**

**Member Services as a Resource:** Use the Member Services Unit as a resource for child-specific, culturally, competent health care services and/or providers such as:

- Past AHCCCS health care providers
- A language, gender, ethnic, geographical or specialized health care provider for the individual needs of a member
- Health care services responsive to a member's cultural or religious beliefs
- Translation services for health care appointments
- Interpretation services orally or for hearing impaired
- Health care information in a native language
- Health care information in an alternative format for the visually impaired

If you require CMDP information in another format or language, please contact Member Services. There is no charge to members for this service.

CMDP offers the **Language Line Service** if you need help communicating with CMDP and health care providers in a language other than English. The Language Line Service provides translation in over 140 languages by phone, or in writing upon request. The Language Line Service is available free of charge.

### **MEMBER SERVICES**

Member Services is the main contact point for calls to CMDP. Member Services helps with questions, concerns or problems about health care services.

The Member Services representatives answer questions about:

- Enrollment
- Eligibility
- Member identification cards
- Finding a culturally-competent health care provider or pharmacy

### **PROVIDER SERVICES**

The staff in the Provider Services Unit works with health care providers. They register providers with AHCCCS and CMDP. They work to resolve issues concerning providers. The staff works with Member Services to give you the names and locations of registered providers.

## **ELIGIBILITY**

Children are eligible for CMDP when placed into foster care by the Arizona Department of Economic Security (DES), the Arizona Department of Juvenile Corrections (ADJC) or the Administrative Office of the Court/Juvenile Probation Office (AOC/JPO). They do not have to be eligible for AHCCCS or the KidsCare program.

### **DUAL ELIGIBILITY**

AHCCCS members who are eligible for Medicare and Medicaid (AHCCCS) services have dual eligibility. They may be classified as a Qualified Medicare Beneficiary (QMB) or as non-QMB eligible.

QMB-eligible members receive coverage for all Medicaid services including inpatient psychiatric, psychological, respite and chiropractic services.

CMDP members must use health care providers registered with AHCCCS and CMDP. For dual eligible members, Medicare is considered the primary payer and CMDP is the secondary payer. CMDP is responsible for payment of co-insurance or deductibles. CMDP covers the cost of pharmacy co-payments.

### **OTHER INSURANCE**

CMDP is the payer of last resort for members with other health insurance. CMDP pays for health services after the other insurance plan has paid. CMDP should be told what insurance a new member has at enrollment.

### **MEDICAL COVERAGE FOR FOSTER CARE YOUNG ADULTS**

Young adults in foster care, who reach the age of 18, while in out-of-home care may be eligible for the Young Adult Transitional Insurance (YATI) program. This is an AHCCCS program.

To learn more about the YATI program, contact the Arizona Independent Living Coordinator at (480) 545-1901. You can also contact your local Family Assistance Administration office for help.

## **ENROLLMENT**

Children are enrolled with CMDP by the agencies that placed them into foster care. When Child Protective Services (CPS) puts a child into a foster care placement, the caregiver should get the form **Notice to Provider, FC-069**.

The form is part of the child's placement packet. It has the member's CMDP identification (ID) number and is used for a temporary ID card. Show the form to health care providers and pharmacies, or give them the CMDP ID number. Use the form until the ID card arrives.

If you do not get this form or an ID number, call CMDP Member Services for help.

### **THE IDENTIFICATION (ID) CARD**

The ID card is used to assure providers of payment for covered health care services for current members. Show the ID card to pharmacies and health care providers. It has information for billing CMDP for payment.

**COMPREHENSIVE MEDICAL & DENTAL PROGRAM**  
Arizona Department of Economic Security  
P.O. Box 29202 (942C) • Phoenix, AZ 85038-9202  
(602) 351-2245 • 1-800-201-1795

Member: \_\_\_\_\_

DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

Pharmacy Helpline: **1-800-207-2568**

**WHP**  
**HEALTH INITIATIVES, INC.**

**Do not charge co-pays or any other charges. Bill CMDP.**

Two ID cards are made for each member. The ID cards are sent to the agencies with custody of CMDP members. The ID cards are sent after enrollment with CMDP. One of the ID cards is given to the member's caregiver. The CMDP ID card is only for the member whose name is on the card. It is unlawful and fraudulent to loan or give this card to anyone. Please contact Member Services to request a replacement ID card.

Do **not** use the CMDP ID card to pay for prescriptions from the doctors of the Arizona Department of Health Services-Regional Behavioral Health Authority (ADHS-RBHA). The RBHA pays for their prescriptions.

### **GENERIC IDENTIFICATION CARDS**

CMDP has generic ID cards. These cards are used by shelters, emergency receiving homes and Child Protective Services offices. They are only for children not yet enrolled with CMDP.

### **NEW MEMBER PACKET**

CMDP sends a new member packet to the agency that has custody of the member. The packet is given to the member's foster caregivers.

The packet includes the Member Handbook, the ID card, the Provider Directory and instructions for selecting a Primary Care Provider (PCP), and related information on CMDP health services.

### **CHOOSING A PRIMARY CARE PROVIDER (PCP)**

CMDP members should have a Primary Care Provider (PCP). The PCP acts as a personal care doctor. The PCP will provide or arrange for the needed health services.

The PCP works with specialists, pharmacies, hospitals and other providers to track all care a member receives.

To qualify as a PCP, a provider must practice in one of the following areas:

- Pediatrics
- General practice
- Family practice
- General internist
- Certified nurse practitioner
- Physician's assistant and supervised by a physician

CMDP has a Preferred Provider Network (PPN) to meet the needs of members. The PPN is made up of PCPs, dentists, pharmacies, hospitals and other health care providers. These providers are listed in the Provider Directory. The directory is available, by request, free of charge through Member

Services. The directory is also on the CMDP web site: <http://www.azdes.gov/dcyf/cmdpe/>

Contact Member Services by phone or mail for assistance in selecting a PCP, or when a PCP has been chosen from the Provider Network. CMDP must know who the PCP is for each member. If you need assistance choosing a PCP, ask the staff for help.

### **CHANGING YOUR PRIMARY CARE PROVIDER (PCP)**

When members move, they may need to change providers. If you change PCPs, request to have member medical records transferred from the old PCP to the new PCP. CMDP will work with you to select a new PCP. To request a change, or to notify CMDP of a change, call Member Services.

### **SEEING A SPECIALIST**

A referral from a PCP is needed to see a specialist. Female members have direct access to GYN providers. Evaluations and consultations do not need referrals.

Member Services can give you and the PCP a list of specialists that are registered with CMDP. They are in the CMDP Provider Directory. This directory is included in the packet for new members. If you do not have a copy of the Provider Directory, contact Member Services.

Specialists must get approval from CMDP before services are given. If the services are not approved, a letter is sent stating why and how to appeal that decision.

## **MEDICAL APPOINTMENTS**

Call the PCP to make an appointment. The phone number is in the Provider Directory and on the PCP letter from CMDP. When you call, tell them the member is covered by CMDP.

**Children must have a physical exam within the first 30 days of being placed into foster care. Please schedule an exam for members who have not had this exam.**

Ask the case manager or the justice representative if the member has any special health care needs. This includes pregnancy, chronic asthma and diabetes.

CMDP Medical Services will help locate community support services for the member.

A regular appointment should be scheduled within 21 days of calling a PCP. You should get an urgent (serious, but not life threatening) appointment within two days. You should get an emergency appointment the same day you request it. Call Member Services if you have any trouble getting an appointment.

To cancel or change an appointment, please call providers at least one day before. Some providers may attempt to charge a fee for a missed appointment. By State of Arizona law, CMDP cannot pay for missed or no-show appointments.

Tell the PCP and the case manager when members get emergency care. It is important for them to know. Ask the PCP which urgent care centers or emergency rooms to use after regular business hours. You can also check the Provider Directory or call Member Services for the approved facilities to use.



## **CMDP COVERED SERVICES**

CMDP pays for health care services that are medically needed. The services include, but are not limited to:

- Doctor office visits
- Wellness check-ups/EPSTD/adolescent screenings and treatment
- Behavioral health services for non-TXIX members (See Behavioral Health Section)
- Hospital services
- Specialist care, as needed
- Family planning services
- Home and community-based services
- Lab and X-ray services
- Pregnancy care
- 24-hour emergency medical care
- Dental care
- Emergency transportation
- Vision care
- Medically-needed transportation
- Pharmacy services, medical supplies and equipment

Call Member Services if there are any questions or concerns about covered health care services.

### **PRIOR AUTHORIZATION (PA)**

Services that are not routine need approval in advance from CMDP. It is up to the health care provider to get a Prior Authorization (PA) from CMDP. The PA lets a provider know what services CMDP will cover.

The PA is based on a member's medical needs. A second opinion or more tests may be needed, if in the best interest of the member.

Should CMDP request more information from a provider, it must be sent within 14 days of the request. If CMDP does not get the requested information, the PA request is denied. A Notice of Action letter is then sent to the member's CPS case manager or legal representative on behalf of the member and the provider.

Emergency services do not need a PA from CMDP.

### **WELLNESS CHECK-UPS, OR EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSTD)**

Wellness check-ups, also known as EPSTD, is a program for newborns to 21 years of age. The check-ups include medically necessary services to treat or improve the health of members.

The check-ups should occur according to the AHCCCS Periodicity Schedules listed at the end of this handbook, based on the age of members.

Members should see their PCP regularly so problems can be found early and treated quickly.

CMDP sends medical and dental postcard reminders to foster caregivers. The reminder cards are mailed directly to members that are 18 years old or older.

The postcards are reminders to see the dentist twice a year starting at age three, and to see the PCP for shots and check-ups, depending on the child's age.

Do not wait for members to get sick to seek services. Take advantage of this preventive care program. The services help members stay healthy and grow into healthy adults.

CMDP pays for all wellness check-up exams and screenings. We also pay for any treatments and follow-up services.

Wellness check-up/EPSTD services include:

- A complete health and developmental history (including physical, nutritional and behavioral health assessments)
- A comprehensive unclothed physical exam
- An oral health screening
- Appropriate vision, speech and hearing testing, laboratory tests, dental screenings and immunizations
- Lead and TB (tuberculosis) Screening
- Speech, hearing and eye exams
- Lab and X-Ray services when needed
- Rehabilitation services which includes occupational, speech and physical therapy, this also includes referrals to Children's Rehabilitative Services – CRS
- Health education and guidance about the child's health care and development

If there are questions about EPSTD or well-child services, please call Medical Services, (602) 351-2245 or 1-800-201-1795.

### **BEHAVIORAL HEALTH SERVICES**

AHCCCS and KidsCare-eligible CMDP members get behavioral or mental health and drug and alcohol abuse services from the Arizona Department of Health Services Regional Behavioral Health Authority (ADHS-RBHA).

Members can go to the RBHA for an evaluation by self-referral or by referrals from schools, state agencies or other service providers. CMDP covers transportation to the first RBHA evaluation appointment, if the foster caregiver, case manager, or juvenile justice representative cannot provide it.

Please do not use the CMDP ID card to fill a prescription from a RBHA doctor. Ask the RBHA doctor which pharmacy to use, and give the member's RBHA ID number.

The RBHA services include, but are not limited to:

- Behavioral management (behavioral health personal assistance, family support, peer support)
- Case management services
- Emergency/crisis behavioral health services
- Emergency transportation
- Evaluation and screening

- Group, individual, and family therapy and counseling
- Inpatient hospital/psychiatric facilities (residential treatment centers and sub-acute facilities)
- Institutions for mental diseases (with limitations)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Non-emergency transportation
- Respite care (with limitations)
- Partial care (supervised day program, therapeutic program and medical day program)
- Psychosocial rehabilitation (living skills training, health promotion, pre-job training, education and development, job coaching and employment support)
- Therapeutic foster care services

For members **NOT** enrolled with the RBHA, CMDP covers up to three days of inpatient behavioral health services at a time, up to twelve total days a year.

Non-Title XIX/XXI members may or may not be eligible for behavioral health services through the RBHA, based on funding availability. CMDP covers these members. There must be a PA from CMDP before services can start.

A Primary Care Provider can treat a member for mild depression, anxiety, and attention deficit-hyperactivity disorders. The services include prescriptions and medication monitoring visits, laboratory and other diagnosis test necessary for diagnosis and treatment of behavioral health disorders.

The case manager or juvenile justice representative should be told that a member needs an evaluation for behavioral health services.

For assistance, contact the CMDP Behavioral Health Coordinators at (602) 351-2245 or 1-800-201-1795, x 7009 and x 7060. The following is a list of the Regional Behavioral Health Authorities (RBHA):

<b>COUNTY</b>	<b>RBHA</b>	<b>PHONE NUMBER</b>
Maricopa .....	ValueOptions .....	1-800-771-9889
Pima, Cochise, Greenlee, Graham, Santa Cruz .....	CPSA .....	1-800-771-9889
Pinal, Gila La Paz, Yuma .....	Cenpatico .....	1-866-495-6738
Mohave, Coconino, Apache, Navajo, Yavapai .....	NARBHA .....	1-800-640-2123

In the event of a crisis, call the Crisis Line for the RBHA in your area. If it is a life-threatening emergency, dial **9-1-1**.

**RBHA CRISIS TELEPHONE NUMBERS:**

ValueOptions .....	1-800-631-1314
CPSA (Pima County) .....	1-800-796-6762
CPSA (Cochise, Greenlee, Graham and Santa Cruz Counties) .....	1-800-586-9161

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Cenpatico ..... 1-866-496-6735  
NARBHA ..... 1-877-756-4060

## **PRESCRIPTIONS**

When a CMDP provider writes a prescription, it should be filled at a pharmacy registered with AHCCCS and in the CMDP Pharmacy Network. Over the counter medications are covered by CMDP when medically necessary. Use your ID card or the Notice to Provider form for payment.

The major food and retail stores in the CMDP pharmacy management program are in the Provider Directory. This includes most pharmacies in Arizona. The program is managed by Walgreens Health Initiatives.

CMDP has a Preferred Medication List (PML). The PML, or formulary, is a list of medications approved by CMDP. CMDP health care providers should check with the PML when prescribing medications. If a medication that is not on the CMDP approved medication list is ordered, your provider will need a PA from CMDP before you go to the pharmacy.

Not all of the medications on the PML are shown. If you are not able to find your medication on the list please remember the following:

- Most generic medications are approved by CMDP
- CMDP covers all medications when your health care provider demonstrates medical necessity.
- Prescriptions written by RBHA providers should be filled using the RBHA ID number, not the CMDP ID card

The PML is updated as often as needed to make important changes. The PML can be viewed on the CMDP website at <http://www.azdes.gov/dcyf/cmdpe/>.

## **FAMILY PLANNING**

Family planning services are covered for male and female members. CMDP sends a family planning letter to all members age 12 and older. CMDP asks members to talk with their doctors about family planning so good decisions can be made. Family Planning includes, but is not limited to:

- Medical exams (including pap smear test for female members)
- Contraceptive counseling
- Medications
- Supplies
- Lab tests
- Medical follow-up as recommended

Both male and female members should have yearly exams and lab tests if they are sexually active. Female members do not need a referral from a PCP to see gynecology providers.

CMDP providers educate members on how sexually transmitted diseases (STDs) are passed on to others and how to prevent them. CMDP covers tests for STDs and HIV (the virus that causes AIDS). **HIV testing must have the approval of the member's case manager or juvenile justice representative. Talk with them if HIV testing is needed.**

Female members wanting methods of contraception, such as birth control pills, should have a physical exam and lab tests at their first visit, and on a regular basis thereafter.

**WOMEN'S CARE**

It is very important for sexually active or age-appropriate female members to get a well-woman exam at least once a year to monitor and maintain good physical health. This exam may include, but is not limited to:

- PAP smear test or other cervical screening tests
- Breast exam

Female members wanting methods of contraception, such as birth control pills, should have a physical exam and lab tests at their first visit, and on a regular basis thereafter.

**PREGNANCY/MATERNITY CARE**

Covered maternity services include, but are not limited to:

- Preconception counseling
- Identification of pregnancy
- HIV testing and counseling
- Prenatal services
- Labor and delivery services
- Postpartum care

If a member thinks she is pregnant, make an appointment with the PCP. The PCP will confirm the pregnancy and make a referral to a Primary Care Obstetrician (PCO).

CMDP covers obstetric (OB) services. The PCO specializes in OB care. The PCO monitors and treats pregnant women during pregnancy including delivery and post partum or after delivery care. Members should remain with the same PCO for the entire pregnancy. If a member moves or has to change PCO, every effort is made to ensure there is communication between the PCOs, so there is no interruption in care.

Maternity care coordination for members includes:

- Determining the member's medical /social needs
- Developing a plan of care to meet those needs
- Coordinating referrals to appropriate service providers
- Monitoring to ensure that needed services are received

The PCO will start the member on regular checkups to make sure the pregnancy is going well. Early health care and regular checkups during pregnancy are important to the health of the mother and child.

The standards regarding appointment times for all pregnant members to see their PCO:

- First Trimester (the first 3 months of pregnancy), within 14 days of request
- Second Trimester (the second three months of pregnancy), within 7 days of request
- Third Trimester (the last three months of pregnancy), within 3 days of request
- High Risk (having special needs that put the mother or the baby at risk of harm), within 3 days of request
- Emergency (when a member has to be seen immediately because of a crisis situation, like bleeding etc.), immediately

(If you have any problems getting an appointment within these timeframes, please contact the Provider Services Unit, (602) 351-2245 or 1-800-201-1795.)

The PCO should tell the CMDP Maternal Child Health Coordinator (MCHC) if there are any special health care needs. The PCO can also ask for a listing of CMDP-registered specialists. It is important for the member to keep all appointments the PCO schedules.

The MCHC explains the benefits of voluntary prenatal HIV testing and counseling to the case manager or the probation or corrections officials. The MCHC follows up on the test results to provide counseling or any other services.

CMDP also covers postpartum care services. Postpartum care is the care that is received for up to 60 days after delivery. It includes family planning services and making sure the health of the member is maintained.

**The Care Coordination Committee (CCC)** makes sure that all needed services are provided to pregnant members. (For help, call Medical Services at 602-351-2245 or 1-800-201-1795 and ask for a CCC staff member)

CMDP covers pregnancy termination if a pregnant member suffers from any of the following:

- A physical disorder
- A physical injury
- A physical illness (including a physical condition that would place the member in danger of death)
- The pregnancy is the result of rape or incest
- (Authorization from the member and legal representative or a court order **and** CMDP approval are needed, **unless it is an emergency**)

If the pregnancy is the result of rape or incest, it must be reported to the police. CMDP must be notified and given a copy of the police report. The report must have the name of the agency to which it was reported, and the date the report was filed. The agency with custody of the member knows the procedures to follow.

## **COMMUNITY SERVICES**

### **WIC**

The special Supplemental Nutrition Program for Women, Infants and Children or WIC serves to safeguard the health of low-income women, infants and children up to the age of 5 who are at risk nutritionally. WIC provides nutritious foods to supplement diets, information on healthy eating and referrals for health care. WIC covers pregnant women through their pregnancy and up to 6 weeks after the pregnancy ends. (WIC's toll free Arizona number is 1-800-252-5942.)

### **HEAD START**

Head Start and Early Head Start are child development programs that serve children from birth to age 5, pregnant women and their families. They have the overall goal of increasing school readiness of young children who are in low-income families. (The web site address for more Head Start information is: <http://www.acf.hhs.gov/programs/hsb/hsweb/index.jsp>)

**AZEIP**

The Arizona Early Intervention Program (AzEIP) is a statewide system of programs and services designed to provide support for families of infants and toddlers, ages birth to 3 years old, with disabilities or delays. The system is designed to help these children reach their full potential. (The web site address for information on AzEIP is <http://www.de.state.az.us/azeip/>)

You can also contact the CMDP Medical Services Unit to learn more and for help getting services from these programs.

**URGENT CARE**

After normal business hours, at night or on weekends, call your PCP to get advice. You may be told to come to the office in the morning or to go to a hospital right away. If you cannot reach the PCP, go to an urgent care center if the member's life is not in danger.

Urgent care centers can be used for a cough, sprain, high fever or earache. Urgent care centers have many of the same services as a doctor's office. They can also call 9-1-1 to take a child to the hospital if needed.

Tell the PCP and the case manager when members receive urgent care. This is important for them to know. Ask the PCP which urgent care center to use for emergencies after regular business hours. You can also check the CMDP Provider Directory or call Member Services for the approved locations.

**EMERGENCY CARE**

Emergencies are medical problems that may be life threatening if not treated quickly. Examples of emergencies are major bleeding, broken bones, breathing difficulties, seizures, and unconsciousness.

In a true medical emergency, the well being of the member is most important. Please dial **9-1-1** or go to the nearest hospital emergency room. Show the CMDP ID card to pay for any services.

*A hospital emergency room is not to take the place of a doctor's office. Do not use it for minor medical problems.*

Tell the PCP and the case manager when a member receives emergency care. This is important for them to know. Ask the PCP which urgent care center or emergency room to use for emergencies after business hours.

Tell the PCP and the case manager when members receive emergency care. This is important for them to know. Ask the PCP which facilities to use for emergencies after regular business hours. You can also check the CMDP Provider Directory or call Member Services for the approved locations.

**EMERGENCY TRANSPORTATION**

Dial 9-1-1 or contact the local ambulance service for transportation in a life threatening emergency situation. This service is covered by CMDP.

**MEDICALLY NEEDED TRANSPORTATION**

Foster caregivers should take members to their scheduled appointments. Help can be sought from the case manager or juvenile justice representative. If they cannot help, contact Member Services to provide transportation. Arrangements for non-emergent transportation must be made at least 24 hours in advance of the appointment.

**DENTAL CARE**

An oral health screening should be part of an EPSDT screening done by a PCP. It does not take the place of an exam through a direct referral to a dentist. Members do not need a referral from their PCP and can see any dentist listed in the Provider Directory. The American Academy of Pediatric Dentistry recommends dental visits begin by the age of one year old. All members by the age of three should see the dentist twice a year for routine exams, and more often if needed. Routine dental services are covered by CMDP. A dentist needs approval in advance (PA) for major dental services. The following is a list of covered dental services:

- Dental exams and X-rays
- Treatment for pain, infection, swelling and dental injuries
- Cleanings and fluoride treatments
- Dental sealants
- Fillings, extractions and medically necessary crowns
- Pulp therapy and root canals
- Dental education

**VISION CARE**

Vision care services include:

- Eye exams
- Eyeglasses and bifocals
- Scratch coating
- Repairs and replacement of eyeglasses
- Tinted lenses (when medically needed)
- Contact lenses (with a statement of why they are medically needed)

**SERVICES NOT INCLUDED**

Listed below are examples of services CMDP does not cover:

- Any care that is not medically needed
- Any hospital admission, service or item that needed prior authorization (PA) but was not approved in advance or was denied
- Services or items for cosmetic purposes; services needed for the psychological well being of the member need a PA
- Services or items that are free of charge or for which charges are not usually made
- Abortion, unless prior approved and abortion counseling
- Personal care items such as shampoo, mouthwash, and diapers
- Dietary formulas or diet supplements (unless they are the only source of nutrition and/or medically necessary)
- Medical services to an inmate of a public institution, such as a jail or correction facility
- Abortion, unless prior approved and abortion counseling
- Care provided by individuals who are not properly licensed or certified and who are not CMDP registered



## **TIPS FOR TRAVELERS**

When traveling, always bring the CMDP ID card. Contact Member Services for help (use the toll free phone number, 1-800-201-1795). Even if providers are not registered with CMDP, present the ID card and tell them to bill CMDP. The billing address is on the card.

Have all prescriptions filled before leaving home. You should have enough medications for the trip or vacation. If you need a pharmacy, use one under contract to CMDP. If possible, use a Walgreen's Pharmacy when traveling.

If you do not find a pharmacy or a health care provider that is willing to bill CMDP, keep all receipts and bills. Contact Member Services to get instructions for a full refund after your trip.

## **OUT OF AREA MOVES**

Contact Member Services when you move with a CMDP member from one area, county or to another state. CMDP needs to know the new address for the member. The case manager and the PCP should also be contacted.

Advance notice to the PCP allows time for the transfer of medical files to a new health care provider or PCP. This ensures continuity of care for the member.

If you move with a member to another state, contact the case manager for assistance in getting health care services in the new state. The foster caregiver should give CMDP and the case manager the new address of the member.

The case manager must tell the new state about the plans to provide health care services for the member. The case manager will find out if the member can get Medicaid services in the new state. If so, the foster caregiver is informed how to apply for Medicaid services.

If the member is not eligible, CMDP covers all medically necessary health care services. Provider Services and Member Services Units work with the case manager to locate and register health care providers.

Contact Member Services if you need help finding a pharmacy for the member. If you have problems filling your medications contact Medical Services for help.

## **DO FOSTER CAREGIVERS PAY ANYTHING?**

There are no payments, fees, or co-payments for members or their foster caregivers. Members and foster caregivers should not be billed for any services that CMDP covers. CMDP payments are considered payment in full. Do not agree to pay for any services unless you have spoken to CMDP first or it is an emergency.

**CMDP should be listed as the responsible party. Do not list your home address, phone number or social security number on any bills or claims.**

If you have to sign any forms, please write: *(Foster Caregiver's name) for DES/CMDP*

***Send all bills or claims to "DES/CMDP—942C; P.O. Box 29202, Phoenix, AZ 85038-9202"***

## **WHAT EVERY MEMBER SHOULD KNOW**

### **MEMBER RIGHTS**

For members to receive the health care services they need and deserve, members and foster caregivers should be aware of the following rights:

- The right to be treated with respect, and recognition of the member's dignity and need for privacy (This right includes protection of any information that identifies a particular member)
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as stated in other Federal regulations on the use of restraints and seclusion
- The right to not be discriminated against in the delivery of health care services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment
- The right to have services provided in a culturally competent manner, with consideration for members with limited English proficiency or reading skills, and those with diverse cultural and ethnic backgrounds as well as members with visual or auditory limitations
- The right to have the opportunity to choose a primary care provider, within the limits of the provider network, and choose other providers as needed from among those affiliated with the network. (This includes the right to refuse treatment.)
- The right to obtain, at no charge, a directory of health care providers in the PPN
- The right to receive information on available treatment options and alternatives, in a manner appropriate to the member's condition and ability to understand
- The right to have a second opinion from a qualified health care professional within the PPN or have a second opinion arranged outside the PPN, only if there is not adequate in-network coverage, at no cost to the member
- The right to participate in decision-making regarding their health care in the present and the future, and to have a representative to facilitate care or treatment decisions when the member is unable to do so. (For more information on "Advance Directives" and life care planning, please contact Member Services or see the State of Arizona Attorney General's website <http://www.azag.gov/seniors>. Look under "Seniors" or "Consumers" for Life Care Planning Information.)
- The right to be provided with information, in a language the member understands, about the amount, duration and scope of all services and benefits, service providers, services included and excluded as a condition of enrollment, and other information including:
  - Provisions for after-hours and emergency health care services
  - Information about available treatment options or alternative courses of care
  - Procedures for obtaining AHCCCS covered services that are not offered or available through CMDP, and notice of the right to obtain family planning services from an appropriate AHCCCS registered provider
- The right to use any hospital or settings for emergency care

- The right to know about providers who speak languages other than English
- The right to be provided with information regarding how to submit a grievance, appeal or request a hearing about CMDP or the care provided
- How to obtain prompt resolution of issues they have raised, including grievances and issues related to the authorization, coverage, or payment of services
- The right to have access to their medical records in accordance with applicable Federal and State laws at no cost.

(The right to access medical records may be denied if the information is psychotherapy notes, compiled for, or in reasonable anticipation of a civil, criminal or administrative action, protected health information subject to the Federal Clinical Laboratory Improvement Amendments of 1988 or exempt pursuant to 42 CFR 493.3.)

- The right to be informed of a description of circumstances whereby, for legitimate cause, a copy of a record may be denied, even though the record may be reviewed
- The right to a listing of types and locations of records maintained and the title of the official(s) responsible for such records
- The right to request information regarding if CMDP has physician incentive plans that affect referrals from doctors
- The right to know about the type of compensation arrangements with providers, whether stop-loss insurance is required of providers and the right to review member survey results
- The right to contact Member Services if there are any questions regarding member rights

### **MEMBER AND FOSTER CAREGIVER RESPONSIBILITIES**

Members and foster caregivers are responsible for:

- Providing as much information as possible to professional staff working with the member
- Following prescribed treatment instructions and guidelines given by those providing health care
- Knowing the name of the member's PCP or doctor
- Scheduling appointments with the doctor during office hours whenever possible, before using urgent care or a hospital emergency room
- Taking the member to medical appointments: contact the assigned worker or CMDP if you cannot provide transportation
- Arriving at appointments on time
- Notifying the provider at least one day in advance when unable to keep an appointment
- Carrying the CMDP ID card (or Notice to Provider form, if the card has not arrived) at all times, and presenting it to the health care provider
- Bringing all available shot records and medical history information to the doctor or PCP
- Taking the member for wellness checkups
- Taking the member for a dental exam at least once a year
- Using Children's Rehabilitative Services when asked to do so by CMDP or the PCP

- Working with CMDP, the case manager and the PCP to make certain the member is receiving the best care possible
- Always listing DES/CMDP as the responsible party, and the CMDP address for billing. (CMDP - 942C, P.O. Box 29202, Phoenix, AZ 85038-9202)

**SERVICES FOSTER CAREGIVERS CANNOT AUTHORIZE:**

- General anesthesia
- HIV testing
- Blood transfusions
- Abortions
- Any surgery or medical treatment that is not routine

**MAINTAINING GOOD HEALTH**

Suggestions to help keep members healthy:

- Make sure all members have an immunization record and shots are up-to-date
- Follow up on all referrals made during visits with the Primary Care Provider (PCP), including those for dental, vision care and therapies
- Members should wear proper fitting shoes to prevent injury or infection
- Keep fingers and toenails clean to prevent injury and infection
- Make sure all medical records go to a new doctor or PCP and a new CPS case manager
- Caregivers, along with the PCP, should discuss birth control, safe sex and prevention of sexually transmitted diseases and HIV with young adult members
- Take pregnant members to all prenatal care appointments and make sure all post partum doctor visits are kept after the baby is delivered

**HIPAA NOTICE**

The Health Insurance Portability and Accountability Act (HIPAA) affects health care in several ways.

CMDP is required to have safeguards for protecting members' health information. This applies to all health care providers and other stakeholders.

A member's protected health information (PHI) may be used for treatment, payment and health plan operations and as permitted by law. The member or the legal guardian must give written approval for any non-health care uses of PHI.

CMDP provides a notice of members' rights and responsibilities on the use, disclosure and access to PHI. It is called the "Notice of Privacy Practices" (NPP). The NPP is sent to the legal guardians of CMDP members. It is also included in the New Member Packets. Anyone can request the NPP by calling the CMDP **Privacy Officer** or downloading it from **[http://www.azdes.gov/dcyf/cmdpe/hipaapp\\_1.asp](http://www.azdes.gov/dcyf/cmdpe/hipaapp_1.asp)**.

The CMDP **Privacy Officer** explains the NPP and answers questions about HIPAA. (Call (602) 351-2245 or 1-800-201-1795x 7010.)

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### **FRAUD AND ABUSE**

**Fraud** is defined by CMDP as an intentional act made with the knowledge that it could result in some unauthorized benefit.

**Abuse** is defined as the action of a provider that does not meet sound business or medical practices. The result is unneeded cost to CMDP for services that are not medically necessary.

Loaning, giving or selling CMDP ID cards to others are examples of fraud or abuse. If you suspect fraud or abuse, please report it to Member Services.

The CMDP Fraud and Abuse Coordinator reviews and refers incidents of potential fraud and abuse to the AHCCCSA Office of Program Integrity.

### **GRIEVANCES AND APPEALS**

A **grievance** is a complaint, which means an expression of dissatisfaction about any matter other than an action. Grievances include, but are not limited to, the quality of care or services provided, rudeness of a provider or employee, or failure to have a member's rights respected.

A member or an authorized representative (the case manager or juvenile justice representative) can file a grievance. A provider can file a grievance on the member's behalf, but **only** with the written consent of the member's authorized representative.

A grievance can be filed at any time either orally or in writing to CMDP. A disposition will be completed and provided no later than 90 days after the day CMDP received the grievance. A grievance resolution/response cannot be appealed or be the subject of a hearing.

A **"Notice of Action"** is a response from CMDP regarding a requested service. If a member disagrees with the Notice of Action response, an appeal can be filed. An action documented on the Notice of Action by CMDP includes, but is not limited to the following:

- The denial or limited authorization of a requested service, including the type or level of service
- The reduction, suspension, or termination of a previously authorized service
- Failure to provide a service in a timely manner (as set forth in contract)
- Dental sealants
- Fillings, extractions and medically necessary crowns
- Failure of CMDP to act within the time frames specified
- For a member residing in a rural area, denial of your rights to obtain services outside the network

An **appeal** is a request for review of an action as listed above. Appeals can be filed either orally or in writing within 60 days after the date of the "Notice of Action." Information on how to file an appeal is given with the denial, reduction, suspension or termination of service notice, or the "Notice of Action" form. (Call the Grievance Manager at (602) 351-2245 or 1-800-201-1794 x 7010 if you have any questions or need more information.)

CMDP makes a final decision on appeals within 30 days of receiving a written or an oral appeal. A letter will be mailed to you stating CMDP's decision and the reason for the decision.

CMDP makes a final decision on appeals within 30 days of receiving a written or an oral appeal. A letter will be mailed to you stating CMDP's decision and the reason for the decision.

If you feel that your life or your health could be in danger by waiting 30 days you can request an **expedited appeal**.

An expedited appeal is a faster review. A decision on an expedited appeal is provided within 3 working days as opposed to the normal 30 days. Your health care provider **must** provide documentation to support the request for an expedited appeal.

If you disagree with a decision that CMDP has made on an appeal, you can request a State Fair Hearing.

You can request a State Fair Hearing by writing CMDP no later than 30 days after receiving the appeal decision. CMDP will forward the case file and information to the AHCCCS Office of Legal Assistance (OLA). If you have questions or need more information regarding a State Fair Hearing contact the Grievance Manager at (602) 351-2245 or 1-800-201-1795 x 7010.

CMDP makes a final decision on appeals within 30 days of receiving a written or an oral appeal. A letter will be mailed to you stating CMDP's decision and the reason for the decision. The services will continue if:

- The appeal is filed timely
- The appeal involves the termination, suspension or reduction of previously authorized services
- Services were authorized by CMDP
- Original period covered by original authorization has not expired
- The member requests and CMDP approves that services continue

Requests for continuation must be filed within 10 days after the date CMDP mailed the "Notice of Action" or the effective date of the action as indicated in the "Notice of Action."

### **BEHAVIORAL HEALTH GRIEVANCES**

If there is a concern about the behavioral health services the member is receiving, contact the case manager, juvenile probation officer or a CMDP Behavioral Health Coordinator to determine if the services are being provided through CMDP or the Arizona Department of Health Services - Regional Behavioral Health Authority (ADHS-RBHA).

If the member is receiving services that CMDP is responsible for, the CMDP Behavioral Health Coordinators will help you contact the right person to resolve your grievance. If it cannot be resolved to your satisfaction, you may request information for filing an appeal. Call the Behavioral Health Coordinators at (602) 351-2245 or 1-800-201-1795 x 7009 and x 7060.

If the member is receiving services for which the RBHA is responsible, contact the patient representative at the RBHA.

If the problem cannot be resolved to your satisfaction, you have a right to involve the case manager or juvenile justice representative to file an appeal with the RBHA.

**CMDP CORPORATE COMPLIANCE**

The Corporate Compliance Program formalizes and affirms CMDP's commitment to the legal and ethical behavior of our employees. The CMDP Code of Conduct cannot cover every situation, or substitute for common sense, individual judgment and personal integrity. It is the duty of each CMDP employee to follow these principles:

- Maintain the appropriate levels of confidentiality for information and documents
- Comply with all applicable laws
- Conduct CMDP affairs in accordance with the highest ethical standards
- Ensure proper payment for services
- Avoid conflicts of interest
- Provide a safe working environment
- Provide equal opportunity to each employee
- Promote open communication
- Conduct all business with honesty and integrity

**CORPORATE COMPLIANCE HOTLINE**

The CMDP Corporate Compliance Hotline is the confidential, 24 hours a day, 7 days a week, voice mailbox of the CMDP Compliance Officer. Anyone can use this resource to report, in good faith, concerns involving CMDP employees and potential fraud, unethical, illegal or unacceptable practices or compliance violations.

All calls are kept confidential to the extent permitted by law. Although the caller is encouraged to identify him or herself, the call can be an anonymous report. The CMDP Compliance Officer will investigate all reports of improper conduct, and take action equitably and consistently.

(Reports can be made by calling the CMDP Corporate Compliance Officer at (602) 351-2245, or 1-800-201-1795 x 7011.)

## RECOMMENDED IMMUNIZATION SCHEDULE\*

DTP or DTaP .....	Diphtheria, Tetanus, Pertussis (Whooping Cough) for children up to age 7	4 months .....	DTaP or DTP Hib PCV Polio
DT .....	Diphtheria, Tetanus (for children up to age 7 who have demonstrated allergic or adverse reaction to Pertussis)	6 months .....	DTaP or DTP Hib PCV
IPV .....	Polio Vaccine	6 through 18 months .....	Hep B-3 Polio
PCV .....	Pneumococcal Conjugate vaccine	12 through 15 months ....	Hib MMR PCV
MMR .....	Measles, Mumps, Rubella	12 through 18 months ....	Var
Hib .....	Haemophilus, Influenza Type b (meningitis)	15 through 18 months ....	DTaP or DTP
HBV or Hep B .....	Hepatitis B Vaccine (series of 3 shots)	24 months - 18 years .....	Hep A (consists of two doses) 6 months apart** Hep B (if not received previously) Var (if not received previously)
Td .....	Tetanus, diphtheria (for individuals 7 years and older, usually called Tetanus shot)	4-6 years .....	DTaP or DTP MMR Polio
Var .....	Varicella Virus Vaccine (for unvaccinated children who lack a reliable history of chicken pox)	11 - 16 years .....	Td
Birth .....	Hep B-1	11 - 18 years .....	MMR (if not received 4-6 years)
1 through 4 months .....	Hep B-2	6 months - 18 years .....	Influenza Vaccine - yearly dosage
2 months .....	DTaP or DTP Hib PCV Polio	Older teen years .....	Menactra™ (meningitis vaccine)
		Teen years .....	Boostix® (pertussis booster)

The State of Arizona has laws requiring school children and child care enrollees to be age-appropriately immunized. There are exceptions and additions to the rules and are as follows: Parents whose religious beliefs do not allow immunizations must sign a religious exemption. Also, a medical exemption form must be signed by the child's doctor if there is evidence of immunity or a medical reason why the child cannot receive shots. A copy of the lab results must be kept on file to prove the child's immunity.

Vaccine reactions rarely happen and usually are no worse than minor flu symptoms. Serious reactions are very rare. The dangers of not being immunized are far worse than the possibility of serious reaction. Call the EPSDT Coordinator at (602) 351-2245 or 800-201-1795 if you need, or would like, a lifetime immunization card to keep track of all the immunizations your foster child receives.

\* Note (a): The recommended immunization schedule is periodically changed by the Center for Disease Control. Discuss your foster child's immunizations with your child's PCP or doctor.

\*\* Note (b): This immunization is required in only certain counties. Consult with your child's PCP.



**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
EPSDT PERIODICITY SCHEDULE**

PROCEDURES	Infancy								Early Childhood				Middle Childhood					Adolescence				
	New born	2-4 day	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20 + up to 21 yr
History Initial/Interval	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Height & Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Head Circumference	X	X	X	X	X	X	X	X	X	X	X											
Blood Pressure												X	X	X	X	X	X	X	X	X	X	X
Nutritional Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vision**																						
Hearing**/Speech																						
Dev./Behavioral Assess.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Physical Examination	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunization	X	→	→	X	X	X		←	←	→			←	X	→	→	←	X	→	→	→	→
Tuberculin Test								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hematocrit/Hemoglobin		←				→											←	←	X			→
Urinalysis																	←	←	X			→
Lead Blood Screen								X			X	*	←	→	→							
Anticipatory Guidance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dental Referral**																						

**These are minimum requirements.** If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

\* Members not previously screened who fall within this range (36 to 72 months of age) must have a blood lead screen performed.

\*\* See separate schedule for detail.

**Key:** X To be completed.

+ To be performed for members at risk.

←X→ The range during which a service may be provided, with X indicating the preferred age.

\*\* See separate schedule for details.



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
VISION PERIODICITY SCHEDULE

PROCEDURE	MONTHS											YEARS										
	New born	2-4 days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3* yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20 + up to 21 yr
Vision + + +	S	S	S	S	S	S	S	S	S	S	S	O	O	O	S	S	O	O	S	S	O	S

**These are minimum requirements.** If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

**Key:** S Subjective, by history.

O Objective, by a standard testing method.

\* If patient is uncooperative, recreen in six months.

+++ May be done more frequently if indicated or at increased risk.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
HEARING AND SPEECH PERIODICITY SCHEDULE

PROCEDURE	MONTHS										YEARS											
	New born	2-4 days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3* yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20 + up to 21 yr
Hearing/Speech + + + +	S/O	S	S	S	S	S	S	S	S	S	S	O	O	O	S	S	O	O	S	S	O	S

**These are minimum requirements.** If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

**Key:** S Subjective, by history.

O Objective, by a standard testing method.

\* All children, including newborns, meeting risk criteria for hearing loss should be objectively screened.

+++ May be done more frequently if indicated or at increased risk.



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
DENTAL PERIODICITY SCHEDULE

PROCEDURE	MONTHS		YEARS																	
	Birth thru 36 months	+	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 + up to 21 yr
Dental Referral	X	+	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

**Key:** + Birth to 36 months if indicated  
X To be completed

Referrals for routine dental visits should begin at age three (3). Earlier initial dental evaluations may be appropriate for some children. Subsequent evaluations as prescribed by dentist.

NOTES

**Division of Children, Youth and Families**

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*The Comprehensive Medical and Dental Program (CMDP) is the health plan responsible for ensuring, in partnership with foster care providers, the provision of appropriate and quality health care services for the well being of Arizona's children in foster care.*

**A Message From CMDP Program Administrator**

*"Welcome to the website for the Comprehensive Medical and Dental Program (CMDP), the program that serves as the health plan for Arizona's children in foster care. We trust you will find the information and resources available on this site to be helpful. We hope this Internet site will be viewed as a useful tool for case managers, foster caregivers, and health care providers to access needed information about CMDP, our staff and services we provide. Please visit our site frequently to get the most up-to-date information, and provide your comments or suggestions to us by visiting our feedback page. Thank you for your interest in CMDP and in our effort to improve the well-being of Arizona's foster children."*

*Sincerely,  
Jakki Hillis  
Program  
Administrator*

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